

ABSTRACT OF THE DISCLOSURE

A retractor and a surgical tool are positioned within a cannula, and a dissection cradle of the retractor is positioned at the distal end of the cannula. The retractor includes a first portion with an axis approximately parallel to the axis of the cannula and a second portion with an axis that can be skewed relative to the axis of the cannula. The dissection cradle is located at the distal end of the second portion of the retractor, and may include two substantially parallel, spaced legs with the retractor shaped in a loop between and in a plane skewed relative to the axes of the legs, and with the loop directed away from the surgical tool. Thus, in operation, a surgeon locates a vessel and side branch of interest and extends the retractor to cradle the vessel in the dissection cradle. Once cradled, the retractor may be deflected to urge the vessel away from the axis of the cannula to isolate the side branch for exposure to the surgical tool. Removable, transparent tips are selectively positioned at the distal end of the cannula for performing dissection and transection via a single cannula. Additionally, the tips are configured to align the apices of the tips with the central axis of the endoscope to maximize the visual field through the tips via the endoscope. Wing-like protrusions on an alternate tip for the cannula facilitate tissue dissection in forming a tunnel in tissue along a target vessel. Swept back forward edges on the wing-like protrusions promote easy tissue dissection using reduced force to advance the cannula and alternate tip through tissue surrounding the target vessel.